

CLAIMS ONLY

SERIAL NO.

100288/2

FILING DATE

12-26-01

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|---------------------|------|---------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 10 | 1 | | | | 1 | |
| 11 | | 1 | | | | 1 |
| 12 | | 1 | | | | 1 |
| 13 | | 1 | | | | 1 |
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| 22 | 1 | | | | 1 | |
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| TOTAL IND. | 2 | | | | 2 | |
| TOTAL DEP. | 3 | | | | 3 | |
| TOTAL CLAIMS | 5 | | | | 5 | |

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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY

COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 470)

SERIAL NO. 10703812
APPLICANT

FILING DATE

CLAIMS

| | AS FILED | | AFTER INDEPENDENT | | AFTER DEPENDENT | | | | | | | |
|------------|----------|------|----------------------|------|--------------------|------|-----|------|------------|------|-----|------|
| | NO. | OFF. | NO. | OFF. | NO. | OFF. | NO. | OFF. | NO. | OFF. | NO. | OFF. |
| 1 | | | | | | | | | 61 | | | |
| 2 | | | | | | | | | 62 | | | |
| 3 | | | | | | | | | 63 | | | |
| 4 | | | | | | | | | 64 | | | |
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| 40 | | | | | | | | | 100 | | | |
| 41 | | | | | | | | | TOTAL NO. | | | |
| 42 | | | | | | | | | TOTAL OFF. | | | |
| 43 | | | | | | | | | TOTAL | | | |
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| TOTAL NO. | | | | | | | | | | | | |
| TOTAL OFF. | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | |

BEST AVAILABLE COPY